

REMARKS

Applicants respectfully requests entry of the proposed amendment to place this application in condition for allowance. Claims 1-43 were previously pending in this application. By this amendment, Applicants are canceling claims 37-43 without prejudice or disclaimer. Claims 19, 35 and 36 have been amended. No new claims have been added. As a result, claims 19, 35, 36 are pending for examination, with claims 1, 19, 35 and 36 being independent claims. No new matter has been added.

The requested changes will place this case in condition for allowance and should be entered, because:

Claims 1-18 were previously allowed.

Claim 19 is currently rejected. However, in a conversation with the Examiner on June 10, 2005, the Examiner suggested claim 19 would be allowable if a “single-ended line testing” limitation were added. The proposed amendment adds the limitation suggested by the Examiner.

Claims 20-34 depend either directly or indirectly from claim 19. Accordingly, those claims should also be allowed.

Claims 35 and 36 were previously objected to as being dependent on a rejected base claim but were indicated to be allowable if rewritten in independent form. Claims 35 and 36 have been amended, incorporating the limitations of prior claim 19 and intervening claim 31. Accordingly these claims should be allowed.

Claims 37-43 have been canceled, without prejudice to submission in a continuing application. Cancellation of claims 37-43 thereby removes all remaining issues from this application and places the application in condition for allowance.

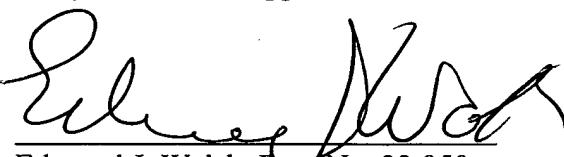
CONCLUSION

A Notice of Allowance is respectfully requested. The Examiner is requested to call the undersigned at the telephone number listed below if this communication does not place the case in condition for allowance.

If this response is not considered timely filed and if a request for an extension of time is otherwise absent, Applicant hereby requests any necessary extension of time. If there is a fee occasioned by this response, including an extension fee, that is not covered by an enclosed check, please charge any deficiency to Deposit Account No. 23/2825.

Respectfully submitted,
Joseph S. Rosen, Applicant

By:



Edmund J. Walsh, Reg. No. 32,950
Wolf, Greenfield & Sacks, P.C.
600 Atlantic Avenue
Boston, Massachusetts 02210-2206
Telephone: (617) 646-8000

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